

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		08/09/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		5	8-16-00
FORMALITY REVIEW	TL	902	9/28/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	11/5/00
2	✓	✓	11/5/00
3	✓	✓	11/5/00
4	✓	✓	11/5/00
5	✓	✓	11/5/00
6	✓	✓	11/5/00
7	✓	✓	11/5/00
8	✓	✓	11/5/00
9	✓	✓	11/5/00
10	✓	✓	11/5/00
11	✓	✓	11/5/00
12	✓	✓	11/5/00
13	✓	✓	11/5/00
14	✓	✓	11/5/00
15	✓	✓	11/5/00
16	✓	✓	11/5/00
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26	✓	✓	11/5/00
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31	✓	✓	11/5/00
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42	✓	✓	11/5/00
43	✓	✓	11/5/00
44	✓	✓	11/5/00
45	✓	✓	11/5/00
46	✓	✓	11/5/00
47	✓	✓	11/5/00
48	✓	✓	11/5/00
49	✓	✓	11/5/00
50	✓	✓	11/5/00

Claim	Final	Original	Date
51	✓	✓	11/5/00
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

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